

TOWN OF NANTUCKET
Department of Public Health
37 Washington Street
Nantucket Massachusetts 02554
508 – 228 – 7226

BODY ART ESTABLISHMENT PERMIT
(Body Piercing, Tattooing, Branding, & Scarification)

Type of Establishment (**Please check all that apply**) Annual Permit fee \$100.00
(expires December 31 of each year)

1. _____ Body Art establishment providing Body Piercing Activities.

2. _____ Body Art Establishment providing Tattooing services.

3. _____ Body Art Establishment providing Branding & Scarification Services

Name of business to occupy establishment _____

Establishments address _____
(street) (phone number)

(city) (state) (zip)

Mailing address if different _____
(name)

(street)

(city) (state) (phone)

Type of ownership _____ Sole Proprietor _____ Corporation _____ Partnership

OWNER INFORMATION

If establishment is owned by a corporation, partnership, or other combination of individuals, please attach name, title, social security number, and home address of all owners.

Name of Owner _____

Home Address _____
(street)

(city) (state) (zip)

Social Security Number _____

Home Telephone # _____

Has any owner or operator of the proposed establishment ever held a body art practitioner license or permit?

_____ Yes _____ NO

If yes, please provide the following information for each individual that has previously held or currently holds a body art practitioner license or permit.

Name of practitioner _____

City & State of License or Permit _____

Current Status. Active _____ Expired _____ Suspended _____

Has any owner or operator of the proposed establishment ever held a body art establishment license or permit?

_____ YES _____ NO

If yes, please provide the following information for each individual previously or currently operating a body art establishment.

Name of Owner _____

City & State of Establishment _____

Current Status. Active _____ Expired _____ Suspended _____

Has any owner(s) or operator(s) of the proposed establishment been convicted of any criminal offence, other than a minor traffic violation, or formally charged with or disciplined for any violation of the rules, by-laws, or standards of practice of any government authority, health care facility, or professional organization?

_____ YES _____ NO

if answering yes to the above – list dates, jurisdiction, offense, disposition and any other relevant information on a separate sheet of paper.

Has the owner(s) or operator(s) of the proposed establishment had a license or permit to practice Body Art. Or had a license or permit to operate a business revoked, suspended, fined, placed on probation, or otherwise acted against?

_____ YES _____ NO

if answering yes to the above – list dates, jurisdiction, offense, disposition and any other relevant information on a separate sheet of paper.

PLEASE SUBMIT THE FOLLOWING WITH THE COMPLETED APPLICATION.

1. Copy of the certificate of occupancy of the building intended for use.
2. Copy of client application and client consent forms.
3. Health related release forms.
4. After care instructions.
5. Floor plan of proposed establishment.
6. fee of \$100.00 made payable to the Town of Nantucket.

I authorize the Town of Nantucket, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application.

Signature(s) of Owner/Operator(s) or Corporate Officer(s)

(Date)

I agree to operate only under the name or the designation specified above and I agree to notify the Nantucket Public Health Department at least 14 days prior to any change of name, address, or ownership. I have received, read and agree to abide by the rules and regulations as set forth in 74.00 Model Rules and Regulations for Body Art Establishments and Practitioners of the Town of Nantucket Board of Health Regulations.

I certify under the penalties of perjury that all information contained in this application is true and correct. Any mis-statements in this application are grounds for refusing to issue or for revocation of any licensed issued.

Signature(s) of owner/operator(s) of Corporate Officer(s)

(Date)